S. No. 300
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FILED JAN 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42153

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6086 Registrar's No. 265

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Napton "Rural" Salt Fork
c. LENGTH OF STAY (In this place): 15 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 Mi. S.E. Marshall, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Saline 11
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Napton "Rural" Salt Fork 0
d. STREET ADDRESS (If rural, give location): 10 Mi. S.E. Marshall, Mo. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Jimmie
b. (Middle): ------
c. (Last): O'Howell

4. DATE OF DEATH (Month) (Day) (Year): 12- 28- 1948

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): [illegible]
8. DATE OF BIRTH: Aug. 20, 1886
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 4, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Missouri Saline Co. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Henry O'Howell
13b. MOTHER'S MAIDEN NAME: Nancy Elizabeth Hill
14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unkown — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: ----------
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Corah Bell Bradshaw Napton, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

93D

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy (Cerebral Hemorrhage) — INTERVAL BETWEEN ONSET AND DEATH: 38 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardio Vascular Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Previous, cerebral Hemorrhage

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 0
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 0
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 0
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 0

22. *I hereby certify that I attended the deceased from* July, 1942, *to* Dec 21, 1948, *that I last saw the deceased alive on* Dec 21, 1948, *and that death occurred at* 4:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Kennedy M.D. 0
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 12-31-48

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-31-48
24c. NAME OF CEMETERY OR CREMATORY: Smith Chapel Cem.
24d. LOCATION (City, town, or county) (State): Saline Co. Mo.

DATE REC'D BY LOCAL REG.: 12-31-1948
REGISTRAR'S SIGNATURE: Sidney T. Gray 385
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Harry Hershberger Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 1-14-49

MAR 3 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Student Embalmer No. .....,
working under my personal supervision.

Signed Joseph R. Markler

Signed.....
Student Embalmer

Licensed Embalmer No. 4571

P. O. Address Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.